

From: Pam Bailey <pamela.bailey@omniplushealthcare.com>
Sent: Monday, April 20, 2015 1:51 PM
To: Scott Breimeister; Leonard Carr
Cc: 'Brian'; Brad Madrid
Subject: Dr Ince Scripts
Attachments: bEAUREGARD.pdf; Carter.pdf; Hardwick.pdf; Klein.pdf; Pace.pdf; Sneed.pdf

Here are Dr Ince's scripts on a PDF form ready to be sent to his office.

Pam



Pamela J. Bailey CPhT | Claims Processing / Customer Service Manager | pamela.bailey@omniplushealthcare.com | (832) 742-8382 direct | (713) 874-0300 pharmacy | (713) 874-0314 fax
4916 Main Street, #100, Houston, TX 77002 | www.omniplushealthcare.com

CONFIDENTIALITY: This email and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. This communication may contain material such as identifiable patient health information or business information which is privileged and legally protected from disclosure and subject to protection under applicable state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient or the person responsible for delivering the email to the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email, or any files transmitted with it, is strictly prohibited. If you have received this email in error, please immediately notify the sender at (832) 495-4566 and delete this message. Unauthorized interception of this e-mail is a violation of federal criminal law.

Patient		DOB	
Brian Beauregard			
Home Phon		Cell Phone	
Address			
City	Weatherford	State	TX
Zip	76087		
Allergies			
Antihistamines, Aspartame			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women:** (No Finasteride)

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules

Refills: PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: Christopher Ince **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

GX1055.002

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient		DOB	
Chantelle Carter		[REDACTED]	
Home Phone	[REDACTED]	Cell Phone	
Address		[REDACTED]	
City	Arlington	State	TX
Zip	76011		
Allergies NKDA			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women:** (No Finasteride)

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: Christopher Ince

NPI #: _____

Lic. #: _____ DEA#: _____ Phone #: _____ Fax#: _____

Address: _____

GX1055.003

Signature (Note: Manual Signature Required for CS): _____ Date: _____

Patient		DOB	
Shannon Hardwick			
Ho [REDACTED]		Cell Phone	
Address [REDACTED]			
City Euless		State TX	Zip 76039
Allergies PCN			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women:** (No Finasteride)

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules

Refills: PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: _____ **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

GX1055.004

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient		DOB	
Geoffrey Klein			
Home Phone		Cell Phone	
Address			
City Weatherford		State TX	Zip 76088
Allergies Tetanus Antitoxin			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women:** (No Finasteride)

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: Christopher Ince

NPI #: 1780709493

Lic. #: _____ DEA#: BI9805372

Phone #: 817-328-1010

Fax #: _____

Address: 1001 12TH AVE STE 170 FORT WORTH, TEXAS 76104

GX1055.005

Signature (Note: Manual Signature Required for CS): _____

Date: _____

Patient		DOB	
Lauren Pace			
Home Phone		Cell Phone	
Address			
City Burleson		State TX	Zip 76028
Allergies PCN, Erythromycins			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7:****Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women: (No Finasteride)**

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: Christopher Ince **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

GX1055.006

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient		DOB	
Scott Sneed		[REDACTED]	
Home Phone	Cell Phone		
Address [REDACTED]			
City Dallas	State TX	Zip 75209	
Allergies NKDA			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7: Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ _____

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women: (No Finasteride)**

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐ _____

Refills: _____

METABOLIC SUPPLEMENTS☒ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

SB-2:

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** PRN

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other** _____

Prescriber Name: Christopher Ince **NPI #:** 1780709493

Lic. #: _____ **DEA#:** BI9805372 **Phone #:** 817-328-1010 **Fax#:** _____

Address: 1001 12th Ave Ste 170 Fort Worth, Texas 76104

GX1055.007

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____